



# **DoD Global Influenza and Other Respiratory Viral Pathogens September 2004 (Weeks 35-39) Monthly Surveillance Report**



## **SUMMARY:**

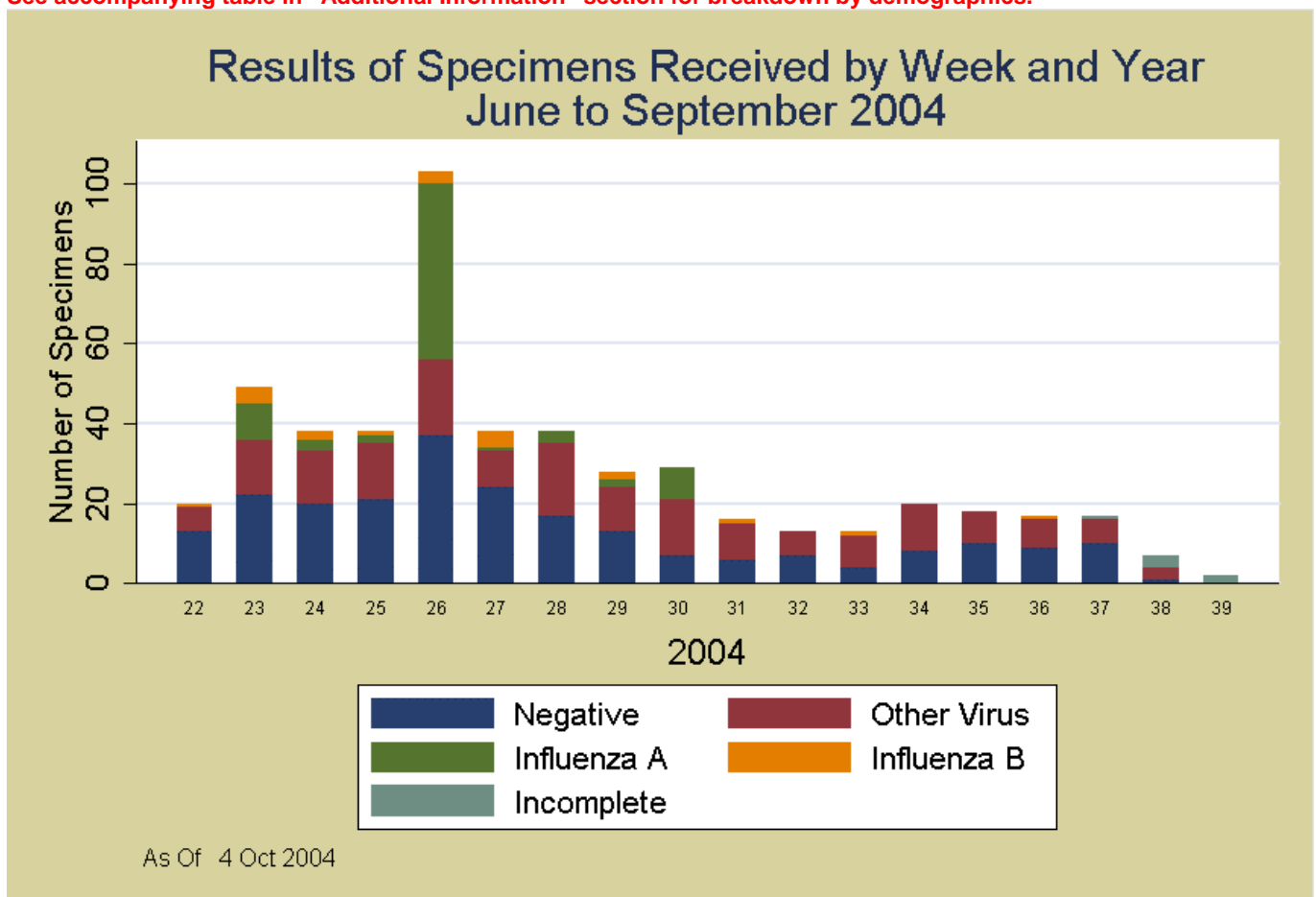
**Number of newly identified isolates in September: 0 Influenza A; 3 Influenza B**

The three new B isolates are from Tripler AMC, Hawaii. Two of the isolates were collected in August, and one in September. Subtyping results are not available yet.

**A clarification from last month's report:** The 22 influenza A isolates from Nepal listed in the August report were newly identified by our laboratory in August. The total number of influenza A isolates from Nepal (all collected in July) is 42. We have added a table with new and total numbers of isolates from our overseas research laboratories in the Demographic Summary section (page 5 of this report) to ensure that the distinction is clear in the future.

Since **1 June 2004**, the Epidemiological Surveillance Division (AFIOH/SDE) has received **505** specimens as part of the influenza surveillance program. Of those specimens, 498 (99%) have been processed to date. Of those specimens processed, 72 (14%) were positive for influenza A and 20 (4%) were positive for influenza B.

See accompanying table in "Additional Information" section for breakdown by demographics.

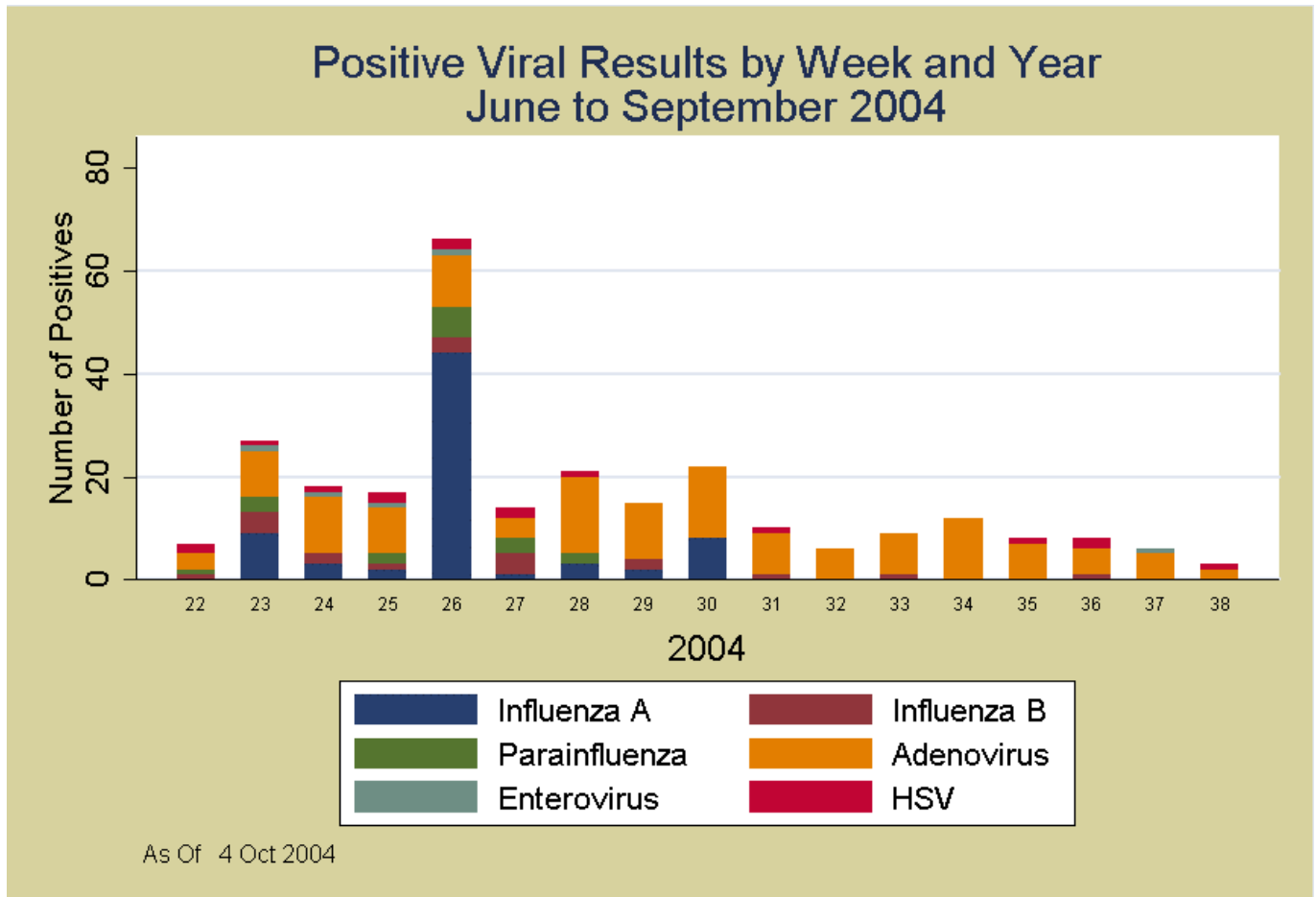


### SUBTYPING:

Since **1 June 2004**, a total of 87 influenza isolates have been subtyped. For influenza A, 72 (100% of all influenza A) of the isolates have been subtyped; of these, all were H3N2. For influenza B, 7 isolates have been subtyped as B/Sichuan-like and 8 have been subtyped as B/Hong Kong. Subtyping was accomplished by either polymerase chain reaction (PCR) or hemagglutination-inhibition (HI).

### OVERALL DOD RESPIRATORY VIRAL SURVEILLANCE:

(For Graphs by CDC Region, please see the end of this document.)



Note: Graph does not include data from the NHRC, which conducts Febrile Respiratory Illness (FRI) surveillance among recruit populations. NHRC compiles this data into a separate report. For more information, visit the NHRC website at <http://www.nhrc.navy.mil/geis/>

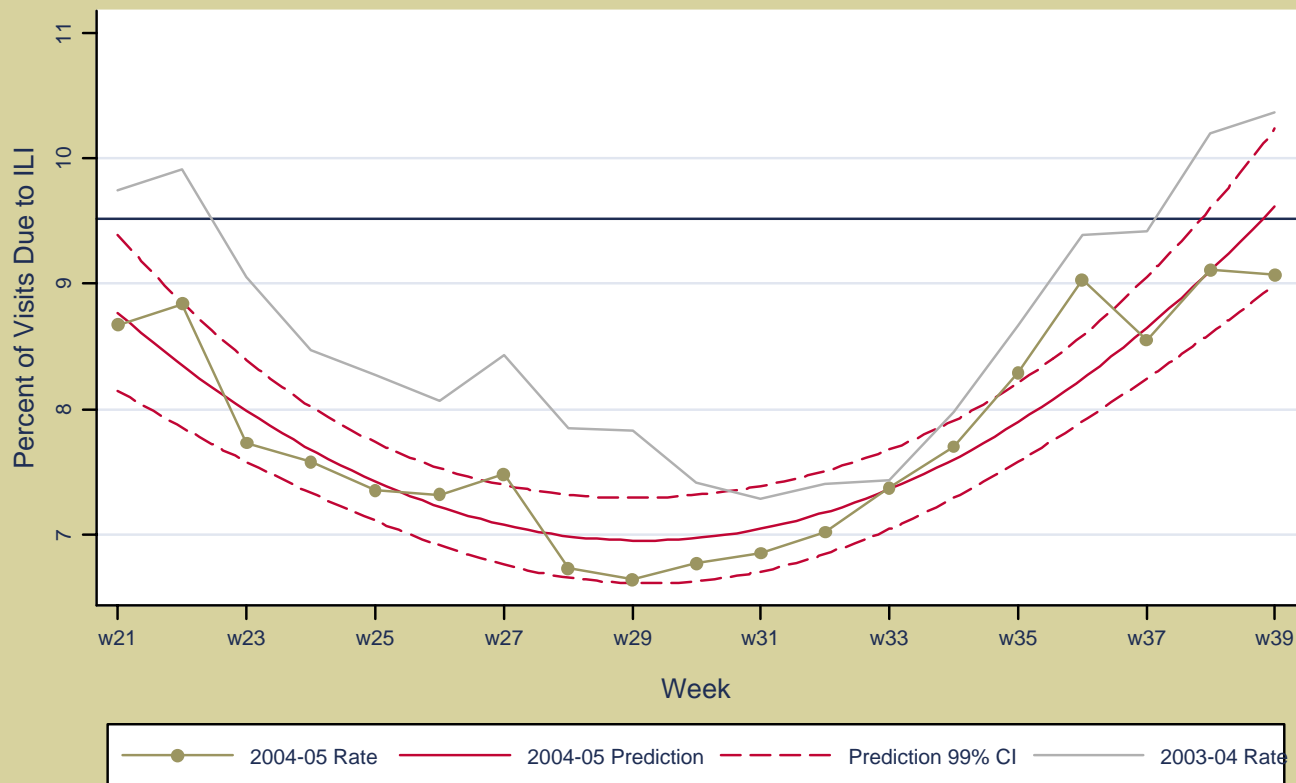
### INFLUENZA-LIKE ILLNESS:

This graph plots the percentage of total outpatient visits that had an ILI diagnostic code assigned for each week. A predicted trend line and 99% confidence intervals are included. Data are plotted from the previous influenza season for comparison. The trend line shows the direction and magnitude of weekly ILI visits. The 99% confidence intervals indicate the range around the trend line in which visit rates would be expected to fall most of the time. When the actual ILI rate for any week is outside the 99% confidence interval, the results can be considered to be significantly different from what would be expected.

**(GRAPH ON NEXT PAGE)**

## ILI Rate -- Global Military Health System

As of: 4 Oct 2004



Note: Horizontal Line is 2004 Interseasonal Threshold

Additional regional graphs can be found on the AFIOH Influenza Surveillance website:

<https://gumbo.brooks.af.mil/pestilence/Influenza/ILChartsform.cfm>

### NATIONAL INFLUENZA ACTIVITY: CDC

<http://www.cdc.gov/ncidod/diseases/flu/weeklychoice.htm>

Week 20 (16 May -22 May) was the final CDC report for the 2003-2004 season. A season summary is now available at the above link.

### INTERNATIONAL INFLUENZA ACTIVITY: WHO

<http://www.who.int/GlobalAtlas/DataQuery/home.asp>

Week in review: **Week 38-39**

*South America:* Chile reported sporadic activity.

*Asia:* China, Thailand and Australia reported sporadic activity.

*Europe:* Currently no activity.

*North America:* Currently no activity.

*Africa:* Currently no activity.

## ADDITIONAL INFORMATION:

- **Avian Influenza Update:** As of 28 September 2004, the Ministry of Public Health in Thailand has confirmed two new cases of H5N1 avian influenza in humans. The cases are a 26-year-old woman, who died on 20 September, and her 32-year-old sister, who remains hospitalized in stable condition. The initial case in the family cluster was an 11-year-old girl who died of pneumonia on 8 September. Thai authorities regard her as a probable case of H5N1; laboratory confirmation is not possible as no specimens from this patient are available for testing. A fourth case in the cluster is the 6-year-old son of the aunt of the initial case. He is currently recovering from his illness.

Thai officials have concluded that the mother could have acquired the infection either from some environmental source or while caring for her daughter, and that this represents a probable case of human-to-human transmission. Both the 11-year-old daughter and the 32-year-old sister are known to have had contact with dead chickens. Whether the 6-year-old boy had contact with dead chickens is unknown. While the investigation of this family cluster provides evidence that human-to-human transmission may have occurred, evidence to date indicates that transmission of the virus among humans has been limited to family members and that no wider transmission in the community has occurred.

The above information is taken from the WHO website (last updated 28 September 2004). The link to the full article is: [http://www.who.int/csr/don/2004\\_09\\_28a/en/](http://www.who.int/csr/don/2004_09_28a/en/)

- **DoD-GEIS Surveillance for Avian Influenza:** DoD-GEIS is working to ensure an avian H5 influenza surveillance system is in place as soon as possible. AFIOH and NHRC are currently validating the H5 PCR primers that they have developed. AFRIMS (in Thailand) and NMRU-2 (in Indonesia) are currently assessing laboratory capabilities and ensuring that appropriate protocols and agreements with host countries are in place in the event that specimens need to be routed for avian influenza testing. As a reminder, the DoD Influenza Surveillance Program encourages sites to submit **nasal washes** (instead of throat swabs) to the AFIOH laboratory, as both PCR and culture testing exhibit much greater sensitivity to nasal wash specimens.

Please direct any questions or comments to: [influenza@brooks.af.mil](mailto:influenza@brooks.af.mil)

## DEMOGRAPHIC SUMMARY:

Table 1. Demographics for Influenza Isolates

Demographics	New Identified		Cumulative since 1 Jun 04	
AGE (years)	A	B	A	B
0-5	0	0	20	4
6-19	0	2	22	11
20-64	0	0	22	3
65 +	0	0	0	0
Unknown	0	1	8	2
<b>OVERALL TOTALS</b>	<b>0</b>	<b>3</b>	<b>72</b>	<b>20</b>
STATUS	A	B	A	B
Military member/Sponsor	0	0	0	1
Child	0	3	0	12
Spouse	0	0	0	0
Other/Unknown	0	0	72	7
<b>OVERALL TOTALS</b>	<b>0</b>	<b>3</b>	<b>72</b>	<b>20</b>

# POSITIVES SUBMITTED BY SENTINEL SITES	A	B	A	B
Al Udeid AB, Qatar	0	0	0	0
Andersen AFB, Guam	0	0	0	0
Andrews AFB, MD	0	0	0	0
Aviano AB, Italy	0	0	0	0
Bremerton NS, WA	0	0	0	0
CGS Ketchikan, AK	0	0	0	0
Elmendorf AFB, AK	0	0	0	0
McGuire AFB, NJ	0	0	0	0
Ganci AB, Kyrg	0	0	0	0
Incirlik AB, Turkey	0	0	0	0
Kadena AB, Japan	0	0	0	0
Kunsan AB, Korea	0	0	0	0
RAF Lakenheath, UK	0	0	0	0
Landstuhl RMC, Germany	0	0	0	0
Maxwell AFB, AL	0	0	0	0
Misawa AB, Japan	0	0	0	0
NAB Little Creek, VA	0	0	0	0
NS Pearl Harbor/Hickam, HI	0	0	0	0
NH Yokosuka, Japan	0	0	0	0
NMC San Diego, CA	0	0	0	0
Osan AB, Korea	0	0	0	0
Ramstein AB, Germany	0	0	0	0
Scott AFB, IL	0	0	0	0
Sheppard AFB, TX	0	0	0	0
Travis AFB, CA	0	0	0	0
Tripler AMC, HI	0	3	0	13
US Air Force Academy, CO	0	0	0	0
Yokota AB, Japan	0	0	0	0
<b>TOTALS for SENTINEL SITES</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>13</b>
# POSITIVES SUBMITTED BY OVERSEAS LABS	A	B	A	B
AFRIMS, Thailand	0	0	10	0
AFRIMS, Nepal	0	0	42	0
NMRC-D, Peru	0	0	12	7
NMRC-D, Nicaragua	0	0	0	0
<b>TOTALS for OVERSEAS LABS</b>	<b>0</b>	<b>0</b>	<b>64</b>	<b>7</b>

**Table 2. Respiratory specimens received**

Location	Total # of Specimens Received	
	Current Month	Cumulative*
ALL SITES	0	498
PACOM	9	110
EUCOM	0	2
CENTCOM	0	0
SOUTH AMERICA	0	116

Comments: \*Received since 1 June 2004.

**Table 3. Summary of Results of Recently Processed Specimens**

Location	Results of Specimens Processed since 1 September 2004*				
	Negative	Influenza A	Influenza B	Adenovirus	Other
ALL SITES	41	0	3	34	5**
PACOM	4	2	0	0	1
EUCOM	0	0	0	0	0
CENTCOM	0	0	0	0	0
SOUTH AMERICA	0	0	0	2	0

Comments: \* specimens were **received** in months of July to September

\*\* 4 HSV, 1 Enterovirus

### Graphs of Isolates by CDC or Overseas Regions

Note: Only regions which displayed significant new activity in the last 4 weeks are shown.

